



Department of Medical Assistance Services
600 East Broad Street, Suite 1300
Richmond, Virginia 23219

<http://www.dmas.state.va.us>

MEDICAID MEMO

TO: All Pharmacy and Medical Providers Participating in the
Virginia Medical Assistance Programs

FROM: Patrick W. Finnerty, Director
Department of Medical Assistance Services (DMAS)

MEMO: Special
DATE: 12/1/2008

SUBJECT: Modifications to the Virginia Medicaid Preferred Drug List (PDL)
Program Effective January 1, 2009; the US Food and Drug
Administration's (FDA) Requirement to Phase-Out
Chlorofluorocarbon-Containing (CFC) Propelled Albuterol Inhalers
from the Market; and, Changes to the Enhanced Prospective Drug
Utilization Review Program (Dose Optimization).

The purpose of this memorandum is to inform you of changes to Virginia Medicaid's Preferred Drug List (PDL) and related changes to its criteria for prior authorization, the US Food and Drug Administration's (FDA) requirement to phase-out Chlorofluorocarbon-containing (CFC) Propelled Albuterol Inhalers from the market, and changes to the enhanced prospective drug utilization review (ProDUR) program (dose optimization).

PREFERRED DRUG LIST (PDL) UPDATES – EFFECTIVE JANUARY 1, 2009 (UNLESS NOTED OTHERWISE)

The PDL is a list of preferred drugs, by select therapeutic class, for which the Medicaid program allows payment without requiring prior authorization (PA). *Please note that not all drug classes are subject to the Virginia Medicaid PDL.* In the designated classes, drug products classified as non-preferred will be subject to PA. Other clinical criteria may also apply for each respective drug class. There are provisions for a 72-hour supply of necessary medications, so this initiative will not cause an individual to be without an appropriate and necessary drug therapy. The PDL program aims to provide clinically effective and safe drugs to its clients in a cost-effective manner. Your continued compliance and support of this program is critical to its success.

The PDL is effective for the Medicaid, MEDALLION, and FAMIS Plus fee-for-service populations. The PDL **does not** apply to recipients enrolled in a Managed Care Organization or to FAMIS enrollees.

Therapeutic drug classes in Phase I of the PDL, are typically reviewed in the fall and their drug status (preferred or non-preferred) is revised on January 1st of each year. The Pharmacy & Therapeutics (P&T) Committee recently conducted its annual review of the PDL Phase I drug classes at its October 2008, meeting and some changes were made to the prior authorization criteria for these classes. The therapeutic classes included in the annual review of PDL Phase I were:

- HMG CoA Reductase Inhibitors (Statins)
- Lipotropics Non-Statins: Fibric Acid
- Lipotropics Non-Statins: Niacin Derivatives, Cholesterol absorption inhibitors (CAI) and Omega-3 fatty acids
- Phosphodiesterase 5 Inhibitor for Pulmonary Arterial Hypertension
- Angiotensin Receptor Blockers (ARBs)
- Angiotensin Converting Enzyme Inhibitors (ACE Inhibitors including Rennin inhibitors)
- Beta Blockers
- Calcium Channel Blockers
- Benzodiazepine Sedative Hypnotics
- Other Sedative Hypnotics
- Proton Pump Inhibitors (PPIs)
- Histamine 2 Receptor Antagonists (H-2RA)
- Urinary Tract Antispasmodics
- Electrolyte Depleters
- Topical Immunomodulators
- Inhaled Corticosteroids
- Nasal Steroids
- Beta Adrenergics
- Hepatitis C
- COPD- Anticholinergics
- Second Generation Antihistamines (LSAs)

The P&T Committee also recently evaluated drugs within five PDL Phase II drug classes (Antibiotics-Anti-infective Cephalosporins, Serotonin Receptor Agonists (Triptans), Diabetes Oral Hypoglycemics Combinations, Stimulants/ADHD Medications, and Osteoporosis-Bisphosphonates). Additionally the P&T Committee conducted a re-review of generic pricing of all Osteoporosis-Bisphosphonates products for PDL Phase II. Therefore, based on the review of PDL Phase I drug classes and selected drugs within Phase II drug classes, the additions and changes to the PDL effective January 1, 2009, unless noted otherwise, are as follows:

ADDITIONS TO PREFERRED STATUS

Lotrel® and Amlodipine/Benazepril (effective 10/24/2008) (CCB/ACEI combos)

Alendronate (effective 9/9/08) (Bisphosphonates)

Proair® HFA (Beta Adrenergic Short Acting)

ADDITIONS TO NON-PREFERRED STATUS

Sular®, Nisoldipine (effective 10/24/2008) and Plendil® (Calcium Channel Blockers)

Accuneb® (effective 10/24/2008) (Short Acting Nebulizers)

Fosamax® Tablets (effective 9/9/2008) and Actonel® (Bisphosphonates)

Alupent® MDI (Beta Adrenergic Short Acting)

Altoprev®, Advicor®, Lescol® and Lescol XL® (Lipotropics HMG CoA Reductase Inhibitors)

The revised PDL Quicklist reflecting all changes is attached and will be effective on January 1, 2009. Please note that the revised PDL Quicklist only includes “preferred” drugs (no PA required). **A PA is required if the drug requested from one of these select therapeutic classes is not on the list.**

You may also access the complete list of pharmaceutical products included on the Virginia PDL by visiting http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. Additional information and Provider Manual updates will be posted as necessary. Comments and questions regarding this program may be emailed to pdlinput@dmas.virginia.gov.

WEB-BASED PHARMACY PRIOR AUTHORIZATION PROCESS

On July 1, 2007, a new web-based process (“Web PA”) became available for pharmacy prior authorization processing. The Web PA provides an alternative method for submission of prior authorization requests for prescription drugs. This is supplemental to the traditional means of phoning or faxing requests, which are still available. Some of the advantages of the Web PA process are: PA can be created online with real-time authorization in many cases; the user may check the status of the request and view the decision at their convenience; and the user may print a complete copy of the request and the decision for the patient’s record.

The Web PA process and all information exchanged are secured. To utilize this service you must register for the User Administration Console (see *Medicaid Memo* dated January 19, 2007), have internet access, and obtain a valid First Health Services secured ID and password. The full Web PA User Guide is also available at the following web link: <https://webpa.fhsc.com/webpa> (select “HELP”). You may contact the First Health Services Web Support Call Center at (800) 241-8726 with questions or issues with the Web PA.

PDL PRIOR AUTHORIZATION (PA) PROCESS

A message indicating that a drug requires a PA will be displayed at the point of sale (POS) when a non-preferred drug is dispensed. Pharmacists should contact the patient’s prescribing provider to request that they initiate the PA process. Prescribers can initiate PA requests by letter; faxing to 1-800-932-6651; contacting the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week); or by using the aforementioned web-based prior authorization process (Web PA). Faxed and mailed PA requests will receive a response within 24 hours of receipt. PA requests can be mailed to:

First Health Services Corporation
ATTN: MAP Department/ VA Medicaid
4300 Cox Road
Glen Allen, Virginia 23060

A copy of the PA form is available online at http://www.dmas.virginia.gov/pharm-pdl_program.htm or <https://virginia.fhsc.com>. The PDL criteria for PA purposes are also available on both websites.

PDL 72-HOUR-SUPPLY PROCESSING POLICY AND DISPENSING FEE PROCESS

The PDL program provides a process where the pharmacist may dispense a 72-hour supply of a non-preferred, prescribed medication if the physician is not available to consult with the pharmacist (after-hours, weekends, or holidays), **AND** the pharmacist, in his/her professional judgment consistent with current standards of practice, feels that the patient's health would be compromised without the benefit of the drug. A phone call by the pharmacy provider to First Health Services Corporation (FHSC) at 1-800-932-6648 (available 24 hours a day, seven days a week) is required for processing a 72-hour supply.

The patient will be charged a co-payment applicable for this 72-hour supply (partial fill). However, a co-payment will not be charged for the completion fill. The prescription must be processed as a "partial" fill and then a "completion" fill. For unit-of-use drugs (i.e., inhalers, drops, etc.), the entire unit should be dispensed and appropriate action taken to prevent similar situations in the future.

Pharmacy providers are entitled to an additional \$4.00 dispensing fee (brand name and generic drugs) when filling the completion of a 72-hour-supply prescription for a non-preferred drug. To receive the additional dispensing fee, the pharmacist must submit the 72-hour supply as a partial fill and, when submitting the claim for the completion fill, enter "03" in the "Level of Service" (data element 418-DI) field. The additional dispensing fee is only available (one time per prescription) to the pharmacist after dispensing the completion fill of a non-preferred drug when a partial (72-hour supply) prescription was previously filled.

PERSONAL DIGITAL ASSISTANT (PDA) DOWNLOAD FOR PDL QUICKLIST

There are two ways to download the PDL list for PDA users. On the DMAS website (http://www.dmas.virginia.gov/pharm-pdl_program.htm), there is a link, which enables providers to download the PDL Quicklist to their PDAs. This page will have complete directions for the download and HotSync operations. If you are an ePocrates® user, you may also access Virginia Medicaid's PDL through the ePocrates® formulary link at www.epocrates.com. ePocrates® is a leading drug information software application for handheld computers (PDAs) and desktop computers. A large number of healthcare providers use this software in their daily practice. For more information and product registration, please visit the ePocrates® website.

To download the Virginia Medicaid PDL via the ePocrates® website to your PDA, please follow these steps:

1. Ensure that you have the most recent version of ePocrates Rx® installed on your PDA.
2. Connect to the Internet and go to www.epocrates.com.
3. Click the "Add Formularies" link at the top of the page.
4. Log in to the website using your user name and password.

5. Select “Virginia” from the “Select State” menu.
6. Select “Virginia Medicaid-PDL” under “Available Formularies.”
7. Click on “Add to My List” and then click on “Done.”
8. Auto Update your PDA to install the “Virginia Medicaid-PDL” to your PDA.

CHLOROFLUOROCARBON-CONTAINING (CFC) PROPELLED ALBUTEROL INHALERS PHASE-OUT

Effective December 31, 2008, the US Food and Drug Administration (FDA) will remove the “essential-use” exemption for albuterol CFC metered dose inhalers (MDI), after which date these products may no longer be manufactured or sold. As a result, pharmacies are already facing a supply shortage of albuterol CFC and will need to begin switching patients to the newer, non-ozone depleting hydrofluoroalkane (HFA) formulation. Additional information about the FDA actions may be found at www.fda.gov/cder/mdi/mdifaqs.htm.

CHANGES TO THE ENHANCED ProDUR PROGRAM (DOSE OPTIMIZATION)

The dose optimization program identifies high cost products where all strengths have the same unit cost and the standard dose is one tablet per day. By providing the highest strength daily dose, the number of units in a 34-day supply is minimized.

Effective January 1, 2009, Virginia Medicaid will expand the ProDUR program for dose optimization. Effective January 1, 2009, the complete dose optimization edits will include the following drugs:

Brand Name	Generic Name
Abilify [®] 2mg, 5mg, 10mg, 15mg, 20mg	aripiprazole
Adderall [®] XR 5mg*, 10mg*, 15mg*, 0mg*, 25mg*, 30mg*	amphetamine; dextroamphetamine
Concerta [®] 18mg, 27mg	methylphenidate
Concerta [®] 36 mg	methylphenidate
Lexapro [®] 5mg, 10mg*	escitalopram
Risperdal [®] 0.25mg, 0.5mg, 1mg, 2mg	risperidone
Strattera [®] 10mg, 18mg, 25mg, 40mg, 60mg, 80mg	atomoxetine
Zyprexa [®] 2.5mg, 5mg, 7.5 mg, 10mg	olanzapine
Zyprexa Zydis [®] 5mg, 10mg	olanzapine

*New as of January 1, 2009

Claim denials are made at point of sale for dose optimization when dispensing outside of guidelines. When dose dispensing is not optimized, pharmacy providers receive a claim denial with an error message stating **“DOSE OPT LMT 34/MO–MD 800-932-6648”**. Prescribers may receive authorization for exceptions to dose optimization limits if established clinical criteria are met. The dose optimization prior authorization request form with required information is attached. Prior authorization requests may be submitted via phone (1-800-932-6648), fax (1-800-932-6651), or mail (First Health Services Corporation, MAP Department, 4300 Cox Road, Glen Allen, Virginia 23060).

ELIGIBILITY AND CLAIMS STATUS INFORMATION

DMAS offers a web-based Internet option (ARS) to access information regarding Medicaid or FAMIS eligibility, claims status, check status, service limits, prior authorization, and pharmacy prescriber identification. The website address to use to enroll for access to this system is <http://virginia.fhsc.com>. The MediCall voice response system will provide the same information and can be accessed by calling 1-800-884-9730 or 1-800-772-9996. Both options are available at no cost to the provider.

COPIES OF MANUALS

DMAS publishes electronic and printable copies of its Provider Manuals and Medicaid Memoranda on the DMAS website at www.dmas.virginia.gov. Refer to the “DMAS Content Menu” column on the left-hand side of the DMAS web page for the “Provider Services” link, which takes you to the “Manuals, Memos and Communications” link. This link opens up a page that contains all of the various communications to providers, including Provider Manuals and Medicaid Memoranda. The Internet is the most efficient means to receive and review current provider information. If you do not have access to the Internet or would like a paper copy of a manual, you can order it by contacting Commonwealth-Martin at 1-804-780-0076. A fee will be charged for the printing and mailing of the manuals and manual updates that are requested.

FIRST HEALTH SERVICES CLINICAL CALL CENTER

Providers and recipients can contact the First Health Services Clinical Call Center at 1-800-932-6648 (available 24 hours a day, seven days a week) with questions.

PROVIDER E-NEWSLETTER SIGN-UP

DMAS is pleased to inform providers about the creation of a new Provider E-Newsletter. The intent of this electronic newsletter is to inform, communicate, and share important program information with providers. Covered topics will include upcoming changes in claims processing, common problems with billing, new programs or changes in existing programs, and other information that may directly affect providers. If you would like to receive the electronic newsletter, please sign up at www.dmas.virginia.gov/pr-enewsletter.asp.

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Please note that the Provider E-Newsletter is not intended to take the place of Medicaid Memoranda, Medicaid Provider Manuals, or any other official correspondence from DMAS.

Attached Number of Pages: (6)



**Virginia Medicaid
DOSE OPTIMIZATION
Prior Authorization Request Form**

The intent of this initiative is to use the optimum dose of a product to fill a prescription. An example of this is to use one 10 mg Abilify tablet instead of two 5mg Abilify tablets to fill a prescription. If the quantity submitted on the claim is over 34 units for a 34-day supply then the claims will reject with an error message of "Quantity Exceeds Maximum of 34 - Physician Call 1-800-932-6648". In order for patients to receive more than a 34-day supply for these drugs, it will be necessary for the prescriber to complete and fax or mail this prior authorization request to First Health Services Corporation. The fax number and address are listed at the bottom of this form. Please complete this form in its entirety, sign, and date below. Incomplete requests will be returned for additional information.

Below is the full list of medications restricted to the dose optimization initiative.

Brand Name	Generic Name	Limitations
Abilify [®] 2mg, 5mg, 10mg, 15mg, 20mg	aripiprazole	1 tablet / daily
Adderall [®] XR 5mg, 10mg, 15mg	amphetamine; dextroamphetamine	1 capsule / daily
Adderall [®] XR 20mg, 25mg, 30mg	amphetamine; dextroamphetamine	2 capsules / daily
Concerta [®] 18mg, 27mg	methylphenidate	1 tablet / daily
Concerta [®] 36 mg	methylphenidate	2 tablet / daily
Lexapro [®] 5mg, 10mg	escitalopram	1 tablet / daily
Risperdal [®] 0.25mg, 0.5mg, 1mg, 2mg	risperidone	1 tablet / daily
Strattera [®] 10mg, 18mg, 25mg, 40mg, 60mg, 80mg	atomoxetine	1 tablet / daily
Zyprexa [®] 2.5mg, 5mg, 7.5 mg, 10mg	olanzapine	1 tablet / daily
Zyprexa Zydis [®] 5mg, 10mg	olanzapine	1 tablet / daily

Use this form to request prior authorization for medications that are part of the Dose Optimization initiative

Prescribing physician:

Name: _____

Phone #: _____

Fax #: _____

Patient:

Name: _____

Medicaid ID #: _____

Date of Birth: _____ Sex: _____

Pharmacy (if known): _____ **Phone:** _____ **&/or FAX:** _____

Drug Requested: _____ **Strength & Frequency:** _____ **Length of therapy:** _____

Please answer the following questions, as applicable, to obtain an approval for a PA:

- Has the patient tried less frequent dosing but was not able to tolerate due to adverse effects?
If so, list the dose attempted and the failure. _____
- Does the patient dose require a quantity greater than 34 and this is the only way for the patient to get the prescribed daily dose? (i.e., Abilify 4 mg daily – would need 2 mg x 2).
Please list the dose. _____
- The patient has a specific indication that requires higher than normal dosing.
Please list the specific indications. _____

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Virginia Medicaid Dose Optimization
Prior Authorization Request Form

4. Does the patient require 1 and ½ tablets (instead of using 2 different strengths)? Yes or No
5. Is the patient dose in the process of being titrated? If so, please give the timeframe that the titration is expected to last. _____
6. Is the patient receiving Risperdal® for Schizophrenia? If so, please indicate.

7. Please indicate other reason(s) why a PA is requested.

Comments:

Prescriber Signature: _____ **Date of this request:** _____

FOR FIRST HEALTH USE

Comments: _____

Approved

Changed

Denied

Pending

MAP RPh/tech: _____

NDC: _____

Date of Decisions: _____

Submit requests via phone, fax or mail to:

First Health Services Corp. Tel: 1-800-932-6648
MAP Department FAX: 1-800-932-6651
4300 Cox Road
Glen Allen, VA 23060

- Once this Fax form is received by First Health a response will be sent to the requesting physician within 24 hours.
- Submission of documentation does not guarantee coverage by the Department of Medical Assistance Services and final coverage decisions may be affected by specific Medicaid limitations.
- This form should be used only for Dose Optimization request and cannot be used for PA requests for any other program such as weight loss drugs, step edit or PDL.

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective January 1, 2009



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

ANALGESICS

NON-STEROIDAL ANTI- INFLAMMATORY DRUGS

diclofenac potassium
diclofenac sodium
diflunisal
etodolac
etodolac SR
fenoprofen
flurbiprofen
ibuprofen
indomethacin
indomethacin SR
ketoprofen
ketoprofen SR
ketorolac
meclofenamate sodium
nabumetone
naproxen
naproxen sodium
oxaprozin
piroxicam
sulindac
tolmetin sodium

COX II INHIBITORS**

Celebrex[®]**

LONG-ACTING

NARCOTICS *

Avinza[®] *
Duragesic[®] (Brand Only) *
morphine sulfate tablets SA *

ANTIBIOTICS – ANTIINFECTIVES

ORAL ANTIFUNGALS – ONYCHOMYCOSIS

terbinafine

CEPHALOSPORINS – 2ND & 3RD GENERATION

Cedax Capsule[®]
Cedax[®] Suspension
cefaclor capsule
cefaclor ER
cefaclor suspension
cefdinir capsules
cefdinir suspension
cefprozil tablet
cefprozil suspension
cefuroxime
Ranicl[®]
Spectracef[®]

MACROLIDES

azithromycin tablet
azithromycin packet
azithromycin suspension
clarithromycin tablet
clarithromycin ER
clarithromycin suspension
erythrocin stearate
erythromycin base
erythromycin ethylsuccinate
erythromycin stearate suspension
erythromycin stearate
erythromycin w/sulfisoxazole

QUINOLONES – 2ND & 3RD GENERATION

Avelox[®]
Avelox ABC pack[®]
ciprofloxacin tablet
Cipro suspension[®]

TOPICAL ANIBIOTICS

Mupirocin

ANTIVIRALS

HEPATITIS C**

Pegasys Conv.Pack[®]**
Pegasys[®]**
Peg-Intron[®]**
Peg-Intron Redipen[®]**

HERPES

acyclovir tablets
acyclovir suspension
Famvir[®]
Valtrex[®]

INFUENZA

amantadine
amantadine syrup
Relenza Disk[®]
rimantadine
Tamiflu[®]
Tamiflu suspension[®]

ASTHMA –ALLERGY

ANTI HISTAMINES – 2ND GENERATION

Claritin tablets OTC[®]
Claritin tablets- Rapids OTC[®]

Claritin Syrup OTC[®] Claritin-D 12 hr OTC[®]
Claritin-D 24hr OTC[®]

loratadine tablet (All OTCs names)
loratadine tab- Rapids (All OTCs names)
loratadine syrup (All OTCs names)
loratadine D12hr (All OTCs names)
loratadine D24hr (All OTC names)
Zyrtec[®] Syrup (PA required except for children
under age 2)

BETA ADRENERGIC-SHORT ACTING METERED-DOSE INHALERS

Maxair Autohaler[®]
Proair[®] HFA
Proventil[®] HFA
Ventolin[®] HFA
Xopenex HFA[®]

BETA ADRENERGICS – LONG ACTING

Foradil[®]
Serevent Diskus[®]

BETA ADRENERGICS FOR NEBULIZERS

albuterol sulfate
metaproterenol
Xopenex[®]

BETA ADRENERGIC/ CORTICOSTEROID INHALER COMBINATIONS

Advair Diskus[®]
Advair HFA[®]

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Virginia Medicaid Preferred Drug List Effective January 1, 2009



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

COPD

ANTICHOLINERGICS

Atrovent AER W/ADAP
Atrovent HFA[®]
Combivent MDI[®]
ipratropium bromide
Spiriva[®]

INHALED CORTICOSTEROIDS

AeroBid[®]
AeroBid M[®]
Asmanex[®]
Azmacort[®]
Flovent HFA[®]
Pulmicort Respules[®]
QVAR[®]

LEUKOTRIENE INHIBITORS

Accolate[®]
Singulair[®]

NASAL STEROIDS

flunisolide
fluticasone
Nasacort AQ[®]
Nasonex[®]

CARDIAC MEDICATIONS

ACE INHIBITORS

benazepril
benazepril HCL /HCTZ
captopril
captopril /HCTZ
enalapril
enalapril /HCTZ
lisinopril
lisinopril/HCTZ

ACE INHIBITORS OR ARB INHIBITORS WITH CALCIUM CHANNEL BLOCKERS

Lotrel[®]
amlodipine/benazepril

ANGIOTENSIN RECEPTOR ANTAGONISTS

Diovan[®]
Diovan HCT[®]
Cozaar[®]
Hyzaar[®]

BETA BLOCKERS

acebutolol
atenolol
atenolol /Chlorthalidone
betaxolol
bisoprolol fumarate
bisoprolol /HCTZ
carvedilol
labetalol HCL
metoprolol tartrate
metoprolol/HCTZ
nadolol
pindolol
propranolol
propranolol solution
propranolol/HCTZ
Sorine[®]
sotalol
sotalol AF
timolol maleate

CALCIUM CHANNEL BLOCKERS - DIHYDROPYRIDINE

amlodipine
Afeditab CR[®]
Dynacirc[®] CR
felodipine ER
nicardipine
Nifediac CC[®]
Nifedical XL[®]
nifedipine
nifedipine ER
nifedipine SA

CALCIUM CHANNEL BLOCKERS- NON-DIHYDROPYRIDINE

Cartia XT[®]
Diltia XT[®]
diltiazem ER
diltiazem HCL
diltiazem XR
Taztia XT[®]
verapamil
verapamil SA
verapamil 24hr pellets

LIPOTROPICS: STATINS

lovastatin
pravastatin
simvastatin

LIPOTROPICS: CAI

Zetia[®]

LIPOTROPICS: FIBRIC ACID

Antara[®]
gemfibrozil

LIPOTROPICS: NIACIN DERIVATIVES

Niaspan[®]
Niacor[®]

LIPOTROPICS: NIACIN & STATIN COMBINATIONS

Simcor[®]*

PDE-5 INHIBITORS - PULMONARY HYPERTENSION**

Revatio[®]**

CENTRAL NERVOUS SYSTEM

STIMULANTS/ADHD MEDICATIONS

Adderall XR[®]
amphetamine salt combo
Concerta[®]
dextroamphetamine capsule
dextroamphetamine tablet
Dextrostat[®]
Focalin[®]
Focalin XR[®]
Metadate CD[®]
Metadate ER[®]
Methylin tablet[®]
Methylin Chew[®]
Methylin ER[®]
Methylin solution[®]

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Virginia Medicaid Preferred Drug List Effective January 1, 2009



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

STIMULANTS/ADHD MEDICATIONS

(CONTINUED FROM PG 2)

methylphenidate
methylphenidate SA/SR
Ritalin LA[®]
Strattera[®]
Vyvanse[®]

SEDATIVE HYPNOTIC

chloral Hydrate **Syrup**
estazolam
flurazepam
temazepam
triazolam
zolpidem **Tartrate**

OTHER SEDATIVE HYPNOTIC*

Rozerem[®] *

DIABETES

ORAL HYPOGLYCEMICS

ALPHAGLUCOSIDASE INHIBITORS.

Glyset[®]
Precose[®]

ORAL HYPOGLYCEMICS

BIGUANIDES

metformin
metformin ER

ORAL HYPOGLYCEMICS -BIGUANIDE COMBINATIONS

Actoplus Met[®]
Avandamet[®]

glyburide-metformin
glipizide-metformin

ORAL HYPOGLYCEMICS – DPP-IV INHIBITORS AND COMBINATIONS

Januvia[®]
Janumet[®]

ORAL HYPOGLYCEMICS – MEGLITINIDES

Starlix[®]

ORAL HYPOGLYCEMICS 2ND GENERATION SULFONYLUREAS

glimepiride
glipizide
glipizide ER
glyburide
glyburide micronized

ORAL HYPOGLYCEMICS- THIAZOLIDINEDIONES

Actos[®]
Avandia[®]

GASTROINTESTINAL HISTAMINE-2 RECEPTOR ANTAGONISTS (H-2RA)

ranitidine
famotidine
Zantac[®] Syrup
(No PA req. IF under age 12)

PROTON PUMP INHIBITORS *

Prilosec[®] OTC
Protonix[®] *
omeprazole
(No PA req. IF under age 12)
Prevacid[®]
(No PA req. IF under age 12)
Prevacid Susp[®]
(No PA req. IF under age 12)
Prevacid solutab[®]
(No PA req. IF under age 12)

GENITOURINARY

URINARY ANTISPASMODICS

Detrol LA[®]
Enablex[®]
oxybutynin tablet
oxybutynin syrup
Oxytrol Transdermal[®]
Sanctura[®]
Sanctura XR[®]
VESicare[®]

OPHTHALMIC

ANTIBIOTIC- QUINOLONES

ciprofloxacin drops
ofloxacin drops
Quixin[®]
Vigamox[®]
Zymar[®]

ANTI-HISTAMINES

Alaway OTC[®]
Elestat[®]
Optivar[®]
Pataday[®]

Patanol[®]
Zaditor OTC[®]

ANTI-INFLAMMATORY

Acular[®]
Acular LS[®]
flurbiprofen sodium drops
Nevanac[®]
Voltaren drops[®]
Xibrom[®]

GLAUCOMA – ALPHA-2 ADRENERGICS

Alphagan P[®]
brimonidine tartrate
Iopidine[®]

GLAUCOMA BETA-BLOCKERS

Betaxolol HCl
Betimol[®]
Betoptic S[®]
Combigan[®]
carteolol HCl
levobunolol HCl
metipranolol
timolol maleate drops
timolol maleate Sol-Gel

GLAUCOMA – CARBONIC ANHYDRASE INHIBITORS

Azopt[®]
Cosopt[®]
Trusopt[®]

Bold font indicates added since last up-date

[®] = Registered Trade name

* A step edit is required for this class

**Clinical Prior Authorization required

Within these categories, drugs
that are not listed are subject
to Prior Authorization



Virginia Medicaid Preferred Drug List Effective January 1, 2009



First Health Clinical Call Center

Phone: 1-800-932-6648

Fax: 1-800-932-6651

GLAUCOMA – PROSTAGLANDIN ANALOGS

Lumigan®
Travatan®
Travatan Z®
Xalatan®

MAST CELL STABILIZERS

Alamast®
Alocril®
Alomide®
cromolyn

OSTEOPOROSIS BISPHOSPHONATES

aledronate tablet
Fosamax Solution®
Fosamax Plus D®

MISCELLANEOUS ELECTROLYTE DEPLETERS

Fosrenol®
Phoslo®
Renagel®

SEROTONIN RECEPTOR AGONISTS (Tryptans)

Imitrex Cartridge®
Imitrex Nasal®
Imitrex Pen Kit®
Imitrex Tablet
Imitrex Vial®
Maxalt®
Maxalt-MLT®

TOPICAL IMMUNOMODULATORS**

Elidel®**
Protopic®**

GROWTH HORMONE**

Genotropin®**
Norditropin Cartridge®**
Nutropin Aq Cartridge®**
Nutropin®**
Nutropin Aq Vial®**
Norditropin Nordiflex®**

NOTE: Fax requests receive
a response within
24 hours. For urgent
requests, please call.

Not all medications listed
are covered by all DMAS
programs. Check individual
program coverage. For
program drug coverage
information, visit
www.dmas.virginia.gov or
<http://virginia.fhsc.com>.